

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7	1					
8		1				
9		1				
10		1				
11		1				
12		3				
13		3				
14		3				
15		3				
16		3				
17		3				
18		3				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25	1					
26		1				
27		1				
28	1					
29		1				
30		1				
31	1					
32		1				
33		1				
34		1				
35	1					
36		1				
37		1				
38	1					
39		1				
40		1				
41	1					
42		1				
43		1				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	48					
TOTAL CLAIMS	57					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						